

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90093 001 \*\*\*300.00

DOCUMENT # P99000046760 ✓

1. Entity Name

THE JUSTICE CENTER, INC.

Principal Place of Business

Mailing Address

9220 S.W. 72ND STREET  
SUITE 200  
MIAMI FL 33173

9220 S.W. 72ND STREET  
SUITE 200  
MIAMI FL 33173-3259

8678

2. Principal Place of Business

9220 SW 72ND ST

3. Mailing Address

9220 SW 72ND ST

Suite, Apt. #, etc.

SUITE 205

Suite, Apt. #, etc.

SUITE 205

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33173

Country

US

Zip

33173

Country

US

4. FEI Number

APPLIED for

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER-CYRUS, CHRISTOPHER  
9220 S.W. 72ND STREET  
SUITE 200 205  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name PARKER-CYRUS, CHRISTOPHER  
Street Address (P.O. Box Number is Not Acceptable) 9220 SW 72ND STREET  
SUITE 205  
City MIAMI FL Zip Code 33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Christopher Parker-Cyrus

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVSD	<input type="checkbox"/> Delete
NAME	PARKER-CYRUS, CHRISTOPHER	
STREET ADDRESS	9220 S.W. 72ND STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER-CYRUS, CHRISTOPHER	
STREET ADDRESS	9220 SW 72ND STREET	
CITY-ST-ZIP	SUITE 205	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIAMI FL 33173	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher Parker-Cyrus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 3052740060

Date

Daytime Phone #